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ABSTRACT

A limited study was conducted, asking counseling psychologists why they did not research the effectiveness of their counseling. The reasons given for failing to investigate effectiveness were: (1) methodological and criteria problems seemed unsolvable; (2) anxiety existed about discovering a lack of professional competence; (3) the intricacy of the therapy hour cannot be translated into specific criteria; (4) problems related to what type of individual does the ratings of counseling effectiveness; and (5) psychologists were unwilling to suffer the inconvenience of having to research their competence. Many felt it was an intrusion on their time, which could be better spent with clients. The over-used criteria which have uniformly failed to predict counselor effectiveness were discussed. The author suggested therapist-specific variables in interaction when client characteristics would be a profitable area for investigation. Some small amount of work has been done here. An increased use of long-range behavioral observation of the therapy interaction was suggested. (Author)

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RESEARCH ON COUNSELOR EFFECTIVENESS

PAUL T. KING

When I accepted this invitation to speak to this group months ago, as in the past, I felt the time when I actually had to produce was somewhere in the distant future, and probably would never really arrive. A week or so ago, as in the past, I realized I would in truth have to say some words about all this, and give the matter some serious thought. I have done just that; I have thought seriously. In spite of how you evaluate the quality of my brief presentation, and in spite of the smallness of the group, I have worked hard for you.

You probably have noticed that, although I have been speaking only about 15 seconds, that I have said something very important already. I'll restate it for you in case it got by you unnoticed. I said I was going to give the matter some serious thought. Imagine! I've logged over 10,000 hours of therapy experience, and now, at age 52, I'm going to have to give the matter of doing research in counseling effectiveness some serious thought!

Although I don't consider this personal shortcoming of mine to reflect the state of affairs of the entire counseling and therapeutic community, I do think that this attitude does capture the position of many psychologists involved in counseling.

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I prepared for this presentation by steeping myself (obviously I didn't cover it all) in the literature over the last 8-10 years on counseling effectiveness. I do this in order to stimulate myself, to goad into action as much of my cortical circuitry as possible.

Of course, when one is made aware of the research studies which have been done in this area, all in one purview, so to speak, one would not feel that research in counseling effectiveness has gone totally unattended. I read my eyes out and left many studies untouched. So, I think we have to be careful not to imply that research on counseling is a pristine field, and we must be mindful of the Herculean efforts of people like Rogers in the 40's and 50's, the work of Strupp years later, the comparatively recent work of Truax, Carkhuff, and many notables in the behavioral mod field, such as Wolpe, Krumbolz, Bandura, and others.

But still I think I understand the spirit in which this panel was assembled. As a body, psychologists, especially the professional service providers, such as we find in counseling centers, family counseling clinics, psychology units within V.A. hospitals, community mental health centers, and so forth, are not conscientious about checking on the effectiveness of their work.

We should probably look in more than one direction for the cause of this reluctance. In preparation for this discussion I asked Sr. Staff and Interns what are the reasons, of which they were aware, for not doing studies on their effectiveness as professionals. Of course I got varied responses, so I lumped them together in categories, which logically broke down into two piles. One group of responses were objective in nature and dealt with methodological and criterion problems. These were real concerns for some people. They focused pretty much on the nature of the criteria being used.

Another group dealt with the personal anxiety and fear of the therapist about having his conpetence researched. I had asked for short responses to my queries. People were rightfully aghast at my asking them to respond to such a complex problem in a short space. Many of the well known difficulties experienced in psychtherapy research were reiteriated:

> How does one know when a client has improved?
>
> How do we judge a client who has previously been feeling dull and lifeless but who now is experiencing feelings like anxiety, authentic guilt, jealousy, and so forth? Do we say he's improved or worsened?
>
> How about perfectionistic, compulsive clients who have always made excellent grades, but after therapy, are more relaxed and less work-compulsive? Their GPA falls. Have we helped them?
>
> A client who after therapy decides to get a divorce, but who feels "right" about the decision. Is that a successful case?

These difficulties with establishing satisfactory criteria obviously deter self study for many psychologists. Even the more sophisticated criteria used in recent studies involving cognitive flexibility, psychological openness, perceived therapist transparency, leave many therapists feeling that one's total therapeutic effectiveness made in the counseling hour cannot be translated to these circumcribed, specific criteria.

Other apprehensions dealt with who does the ratings of effectiveness. And research shows that this really makes a difference in the evaluation. A member of our staff, Dr. Johnston, found that supervisor's rated much more on cognitive acuity and psychological openness in the counseling hour than employers of counselors who looked at behavioral changes and work productivity in the client after counseling. There

is an unwillingness on the part of many counselors to have the work rated by persons who do not understand their counseling goals and positions.

Psychologists who typically work in professional service settings are self selected probably on the basis of their need to help people, and to provide care and treatment for the patient. Some persons that I talked to in this category, while realizing the general benefits of research on their competence, saw clients and therapists as being inconvenienced by this sort of intrusion. It demands extra time and effort on the part of both the therapist and patient, which, from a service viewpoint, could be put some where else. This obviously could be a rationalization of our own inability to conduct useful research. The meaning conveyed by this attitude is "I don't have the time", and it's one with which we can all identify.

Returning to predictors of counseling effectiveness, several things should be getting clear to us by this time, if we have kept up with our professional reading, in the area. The traditional, objective criteria which have been so conscientiously over used in the past, are consistently disappointing. Measures of intellectual acuity, scores on personality tests, projective protocols, interest measures, and so forth have almost uniformly failed to demonstrate who will be effective counselors and who will not. We continue to use them, however, probably because they are easy to administer, data pools using such instruments are accessible, and therefore it's easy to travel the same old route one more time. As I mentioned previously, measures that lie closer to the more human characteristics of the therapists have shown

greater promise, such as cognitive flexibility, psychological openness, the therapist's positive regard and empathic understanding of the client, and so forth. These qualities seem to deal more with what the therapist is as a person rather than the techniques and skills he has mastered. One wonders whether it is Rogers the man who is so effective with clients, or Rogers' superior skill with his techniques. Many therapists are saying now that it is the ability of the therapist to be deeply human (for example, Kell, Mueller, Truax, and others) which give him his healing powers.

All of us have been aware of clients with whom we have been successful and others with whom we have failed. When we talk about criteria for looking at counselor effectiveness we have to consider the type of client with whom we have succeeded. Effectiveness criteria perhaps should be therapist/client specific. I know of my own prediliction for working with client types who are anxious and/or guilty. I seem to do better with such clients--things flow more freely, I seem to communicate better with them, I establish relations with them more easily. With confused psychotics or people overly prone to somaticize their problems, I feel less able to get with the person and understand his deep meaning. Effectiveness criteria should seem to take in this capacity of mine, as I see it, to be helpful to these specific types of clients. What do I do that makes me more capable with them? I am sure it isn't anything I say specifically--it possibly is a way of "being" with such people that allows me to help them unfold their experience.

I should have to conclude with the somaticizers, I am not able to communicate some essence of myself which facilitates their self understanding. So client/therapist criteria need to be scrutinized

more deeply than they have been heretofore.

I think I have said enough about the objective reasons which intimidate counselors from doing self examination. The dynamic reasons for our reluctance are probably more apparent than the ones previously mentioned.

Rogers pointed up in his article several years ago "Persons or Science" the arty, mystical quality therapists tend to impart to what they do in a therapy hour. It often feels as if one is playing hunches, or operating on intuition to determine what one does with the client. The therapist's personhood, his private feelings, his values are very much involved in his therapeutic approach. He often feels he is being more human in the doing of therapy than at any other time. The threat of evaluating the effectiveness of his counseling is tantamount to the threat of evaluating his deep private feelings of adequacy as a person. I think most people abhor abstractions of themselves, because they are aware that such abstractions have left out so much of things they feel of important and vital. To translate one's therapeutic "being" with the client into necessarily circumscribed and abstract variables (such as ability to communicate with the client, the ability to conceptualize client problems, skill with technique in certain treatment modalties, accurate interpretation of client dynamics,) variables required for research can make the therapist feel, well, something like "I'm more than that; I am more than just those things." Along with that, I think good therapists and counselors, particularly those who have been at it for a long time, have cathected this specialized aspect of their profession, have made a deep personal committment to it, and to risk the knowledge that this committment has not been worthy, I'm sure does

occasion much anxiety.

One of the more frightening things to come out of studies on the effectiveness of counselors, has been the finding by Truax and others that therapists who do not possess certain facilitative conditions for therapy actually leave the patient in worse shape than when he entered therapy. As you know, he makes the point that this is one of the reasons that research in therapeutic effectiveness has been neutralized in so many studies--because good and poor therapists have been lumped together with the results that findings were clouded.

I think our topic today could be broadened a bit. Not only, it appears, do counselors refrain from doing research on their own effectiveness, but, from looking at the number of publications done by counseling and clinical psychologists, one should have to conclude that applied psychologists resist doing research of any kind. I believe I am correct in saying that the modal number of publications by clinical and counseling psychologists after the degree is less than one.

Bill Kell, an old compatriot of mine during my Michigan State days, wrote a most interesting article (with Grater and Morse) looking at this express point. They conjectured that counselors basically are dependent people, who have learned to meet their own dependency needs by taking care of others rather than being taken care of themselves. This meeting of their needs keeps them in constant contact with people. Engaging in research activities, because of its intellectual and relatively non-humanistic orientation, stirs feelings of anxiety and loneliness in therapists and induces them to avoid such activity. It's an interesting

idea and one which should not be discounted.

Bill asked me to speculate on why counselors find it difficult to research their effects on clients. I have given you some of the reasons as I see them. I need to say quickly that I am not at all advocating the position that counseling effectiveness shouldn't be researched. It surely should.

I should like to give you some positive ideas about research on counselor effectiveness to take with you.

I think research designs which focus on one therapist, with several clients is the most productive direction. The researcher would seek access to rich longitidual data on the therapist as a person rather than his clinical skills. Hopefully the way the person who is the therapist interacts with specific clients with their individual dynamics would be open to view.

We might find that therapist A is highly effective with angry clients but not helpful to dependent ones. With aggressive clients the therapist appears more active, seems to understand clearly what the patient means, offers interpretations which are just on the leading edge of the client's understanding, and, in general, seems to be totally in the clients frame of reference.

This same therapist with dependent clients seems withdrawn, unable to pick up the fine nuances of feeling in the client, acts irritated and mildly rejecting, maintains a visible separateness from the client, and is uncreative in his ideas for facilitating further self-exploration. Perhaps the delineation of several precise variables

to study the interaction between these two persons is premature at the present stage of complexity of the therapy process.

Perhaps complete, behavioral observations and descriptions of interviews, live or taped, with follow-up interviews of clients after every so many sessions would help identify what the client feels the therapist is doing which is inducing change. This approach, not well thought out obviously, might retain more of the intricacy of therapeutic effectiveness than the isolation of specific variables for study which leave out so much.

Thank you.